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It's Better to Prevent Abuses In Transplant Experiments

DR. CHRISTIAAN BARNARD, Prof. Arthur Kornberg and I were here last week for a Senate hearing on a bill to establish a national commission on the social impact of biology. We agreed that such a commission might be beneficial or harmful, depending on its terms of reference.

A hurried formulation of far-reaching prescriptions would almost certainly be regressive. Biology and medicine are moving very rapidly and have enormous potential benefits to offer in the prevention and treatment of disease and suffering. Sounder public understanding of this scientific revolution, and realistic insight into how it can influence human life, are essential bases for developing public policy.

INASMUCH AS the teaching of evolution and information about contraception are still subject to legal harassment in parts of the United States, we still have far to go before rigidifying prevalent anxieties and attitudes. The development of reliable channels for improving public understanding would be a major task for the commission.

We were unanimous about the desirability of an educational, rather than a regulatory, commission. However (in the privacy of a TV studio), Dr. Barnard and I did debate the need for some local surveillance of organ transplants.

Talking to Dr. Barnard about this was like asking an honest man to prove his credentials before cashing his check. The proposal is not a hostile criticism of pioneers like Dr. Barnard or Dr. Norman Shumway. It is intended to protect the investigator by establishing a firm commitment by his colleagues on the integrity of his purposes, the utility of his investigations and the adequacy of his procedures in securing the voluntary consent of the patients and subjects. These rules are, in fact, virtually the same as those already established for research projects supported by the NIH where they involve experimentation on human subjects.

DR. BARNARD believes that doctors are already entrusted with grave responsibilities and that their ethical code is a sufficient warranty of the public's interest in experimental procedures. This is undoubtedly true for him and for the majority of reputable physicians. However, some physicians have, on their own initiative, acted less prudently.

Any irresponsible worker could easily evoke violent public reaction against medical experimentation in general. After abuses are publicized, ever more intrusive machinery would be invoked if a tradition of effective professional surveillance were not previously established.

The existing system of medical ethics is effective, but not perfect. Patients can still be exploited by surgeons who urge unnecessary tonsillectomies and appendectomies. Flagrant abuses are becoming rarer and cases like these are not so outrageous that we need an elaborate system to police them before the fact. However, in the field of organ transplantation, and other

sensitive, major medical experiments, we need to maintain a consistent effort to prevent abuses before they happen and excite public ire.